



Department of Code Enforcement Taxi Vehicle Inspection Report

Date: _____ Time: _____ Inspector: _____ Accela ID #: _____

Business Name: _____ Taxi #: _____

Business Address: _____

Driver: _____ Owner: _____

VIN: _____ Plate #: _____ Make: _____ Model: _____ Year: _____

Licensing Inspection

1. Meets Age Requirement: Pass: _____ Fail: _____ Comments: _____
(10 Model Years)

2. Condition of Vehicle

a. Upholstery:	Pass: _____	Fail: _____	Comments: _____
b. Ceiling:	Pass: _____	Fail: _____	Comments: _____
c. Interior Lights:	Pass: _____	Fail: _____	Comments: _____
d. Interior Clean:	Pass: _____	Fail: _____	Comments: _____
e. AC/Heat Functional:	Pass: _____	Fail: _____	Comments: _____
f. Tires Appear Safe:	Pass: _____	Fail: _____	Comments: _____
g. Body:	Pass: _____	Fail: _____	Comments: _____
h. Scratch/Dent Repairs	Pass: _____	Fail: _____	Comments: _____
i. Fenders:	Pass: _____	Fail: _____	Comments: _____
j. Bumpers	Pass: _____	Fail: _____	Comments: _____
k. Doors/Locks:	Pass: _____	Fail: _____	Comments: _____
l. Exterior Lights:	Pass: _____	Fail: _____	Comments: _____

3. Fares Posted On Cab: Pass: _____ Fail: _____ Comments: _____

4. Passenger BOR: Pass: _____ Fail: _____ Comments: _____

5. Credit Card Processor: Pass: _____ Fail: _____ Comments: _____

6. Proper Color Scheme: Pass: _____ Fail: _____ Comments: _____

7. Radio: _____ Cell: _____ Both: _____

8. Current Monthly Sticker: Pass: _____ Fail: _____ P/I: _____

9. Driver Qualifications:

a. Valid Taxi Op. License:	Pass: _____	Fail: _____	Comments: _____
b. Dress Code:	Pass: _____	Fail: _____	Comments: _____
c. Communication:	Pass: _____	Fail: _____	Comments: _____

Comments: _____

Inspector's Signature

Date